

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docking Number:

10/520998

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 14 minus 20 = | *            |
| INDEPENDENT CLAIMS  | 2 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY OF

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| XS 9=     |     |
| X43=      |     |
| -145=     |     |
| TOTAL     |     |

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| XS18=     |     |
| X86=      |     |
| -290=     |     |
| TOTAL     |     |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS18=            |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS18=            |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS 9=            |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| XS18=            |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.